

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90096 029 \*\*\*158.75

**DOCUMENT # M08956**

1. Entity Name

**A ALL ABOUT INSURANCE, INC.**

Principal Place of Business

945 SOUTH FEDERAL HIGHWAY  
 DEERFIELD BEACH FL 33441

Mailing Address

945 SOUTH FEDERAL HIGHWAY  
 DEERFIELD BEACH FL 33441-5753

2. Principal Place of Business

788 S Federal  
 Suite, Apt. #, etc.

3. Mailing Address

21065 Powerline Rd  
 Suite, Apt. #, etc.  
 Suite 2A

City & State

Deerfield Beach FL

City & State

Boca Raton FL

4. FEI Number

59-2501237

Applied For

Not Applicable

Zip

33441

Country

Broward

Zip

33433

Country

Palm Beach

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEELEY, KEITH P.  
 SEELEY, KEITH P  
 1424 SE 14TH AVE  
 DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name Judy C Britten  
 Street Address (P.O. Box Number is Not Acceptable)  
21065 Powerline Rd Suite 2A  
 City Boca Raton **FL** Zip Code 33433

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Judy C Britten CEO

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SEELEY, CATHERINE E</b>	
STREET ADDRESS	<b>1424 S.E. 14 AVENUE</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Judy C Britten</b>	
STREET ADDRESS	<b>21065 Powerline Rd Ste 2A</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judy C Britten  
 SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00  
 Date

561 852-1445  
 Daytime Phone #

CR2E034 (9/99)